MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/018364

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51							
2							52							
3							53							
4							54							
5							55							
6							56							
7							57							
8							58							
9							59							
10							60							
11							61							
12							62							
13							63							
14							64							
15							65							
16							66							
17							67							
18							68							
19			↑				69							
20				ı			70							
21				ı			71							
22				ı			72							
23				ı			73							
24				ı			74							
25				ı			75							
26				ı			76							
27				ı			77							
28				ı			78							
29				ı			79							
30				ı			80							
31				ı			81							
32				ı			82							
33				ı			83							
34				ı			84							
35				ı			85							
36				ı			86							
37				ı			87							
38			1				88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.		←	2	←		←	TOTAL IND.			←		←		←
TOTAL DEP.			18				TOTAL DEP.							
TOTAL CLAIMS			20				TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S.DEPARTMENT OF COMMERCE
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